Re: Interim Charge 1, SB 749

Public Health Committee,

The Texas Association of Nurse Anesthetists (TxANA) represents the voices of more than 4,500 Certified Registered Nurse Anesthetists (CRNAs) across the state. CRNAs are Advanced Practice Registered Nurses who specialize in the delivery of anesthesia and anesthesia-related services. CRNAs do not require the presence of an anesthesiologist, as any physician may delegate the ordering of drugs and devices necessary to administer anesthesia. After that authority is delegated, the CRNA may select the drug, dosage, and administration technique. Because of this autonomy, CRNAs are able to serve as the only anesthesia provider in many rural and underserved areas,[1] allowing more Texans to access obstetrical and surgical services in their own communities, without the need to travel hundreds of miles seeking care in the state's urban hospitals.

We are writing today to express our continued support for the passage of SB 749 last session. Specifically, the waiver process provides flexibilities for hospitals that would like to implement an alternative and cost-effective anesthesia model without losing their designation level, such as an all CRNA delivery model. Anesthesia care models that rely solely on CRNAs can provide quality care at a fraction of the cost, and all available evidence suggests that CRNAs provide as safe or safer care when practicing without anesthesiologist oversight. It is not uncommon for hospitals to rely solely on CRNAs to provide anesthesia services, especially in rural and underserved areas. The waiver process in SB 749 is necessary to ensure that these hospitals can continue to provide high-quality anesthesia care.

Prior to the passage of SB 749, our members were extremely concerned about the restrictions within the maternal and neonatal designation levels. Several hospitals that had been relying on CRNAs for decades were being told that they would have to hire an anesthesiologist or risk not being able to treat certain patients. Our organization was contacted regularly by CRNAs, who were concerned about losing their jobs or being transferred to a different department, and rural and underserved facilities, who were worried about losing their designation unless they committed

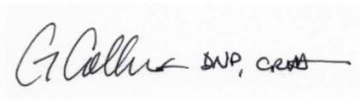
[1] *See* Appendix A

hundreds of thousands of dollars to unnecessarily hire a physician anesthesiologist, assuming one could be recruited.

In the context of anesthesia, the current rule language in both the maternal and neonatal designations go well beyond national standards provided by the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics, respectively. The waiver process alleviates much of the concern by allowing the Department of State Health Services (DSHS) to waive one specific requirement when a hospital is seeking a designation level. The hospital must provide notice to medical staff that it is seeking a waiver, and DSHS must consider access to and quality of care before granting it. In that way, the bill strikes a balance between allowing alternative models and ensuring that any concerns about doing so are addressed. Without the exemption process, the bill does not work.

Hospitals are in the best position to determine which staffing models or personnel will deliver the highest standard of care to the patient. We hope, in reviewing this critical piece of legislation, the members of this committee will find that the flexibility it provides to hospitals is a benefit for providers and their patients. Please contact us if you have any questions or if we can provide any additional information.

Sincerely,



Greg Collins, DNP, CRNA
President, Texas Association of Nurse Anesthetists